RI Department of Health
Office of Communicable Diseases
Shiga toxin positive E. coli

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Shiga toxin positive E. coli– RI Definitions & Rules for Entering Investigation

Note: All fields in **RED** are required by the NEDSS system; all **BOLDED** fields are required by RI.

Brief Description or Field Name	Description	RI Rules for Data Entry
Investigation Summary		
Jurisdiction	**The region responsible for the investigation**	**Required; RI has only 1 jurisdiction**
Program Area	The organizational ownership of the investigation. Program areas(e.g. General Communicable Diseases, Hepatitis, STD, HIV/AIDS, Vaccine Preventable) are defined by the conditions for which they provide primary prevention and control.	**Required. This is pre-populated based on the condition.**
State Case ID	Open field to be used by OCD, if needed.	Leave blank.
Investigation Start Date	**Date the investigation was started.**	**Required**
Investigation Status	**The status of the investigation: Open or Closed.**	**Leave as OPEN until the investigation is completed (i.e. until all pertinent facts necessary to evaluate the risk and determine if treatment is necessary.) Then change to closed**
Share record with Guests	This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction.	Defaults to checked. OK to leave checked. Not in use by RI at this time
Investigator	**The name of the person who is responsible for the case investigation**	**Required.** **Quick code = first initial of first name +first 5 letters of last name**.
Date assigned to Investigation	**The date that the Investigation was assigned to the investigator or the date the investigator started the investigation if self-assigned**	**Required**

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Brief Description or Field Name	Description	RI Rules for Data Entry
Reporting Source		
Date of Report	**Date first reported by reporting source if reported by phone or date received by person on-call if animal bite.**	**Required**
Reporting Source	Type of facility or provider associated with the source of information sent to Public Health. For Animal Rabies it would be the Health Laboratory	Leave Blank
Earliest Date Reported to County	Date first reported to County	Leave blank
Earliest Date Reported to State	Date first reported to State	Not required
Reporter	Search table for who Reported the case	Not required.
Clinical		
Physician	Search table for patient's physician.	Not required
Was the patient hospitalized for this illness?	Was the patient hospitalized for this illness?	Enter if Known If yes, enter "Hospital stay" information.
Diagnosis Date	Date of diagnosis of condition being reported.	Not Required
Illness Onset Date	**Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. Enter date of 1st symptom related to this illness**	**Required**
Illness End Date	The time at which the disease or condition ends.	Not required
Illness Duration	The length of time this person had this disease or condition.	Enter if known.

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Brief Description or Field Name	Description	RI Rules for Data Entry
Age at Onset	Subject's age at the time of the incident	Required.
Is the patient pregnant?	Assesses whether or not the patient is pregnant. For Female patients only.	Not required
Does the patient have pelvic inflammatory disease?	Did the patient have PID?	Leave blank N/A for this disease
Did the patient die from this illness?	Did the patient die from this illness?	Enter if known
Epidemiologic		
Is this patient associated with a day care facility?	Indicates whether the subject of the investigation was associated with a day care facility. The association could mean that the subject attended daycare or work in a daycare facility.	Not Required Enter details below in the DAY CARE section.
Is this patient a food handler?	Indicates whether the subject of the investigation was food handler.	Not Required Enter details below in the FOOD HANDLER section.
Is this case part of an outbreak?	Denotes whether the reported case was associated with an identified outbreak.	Enter if Known If this is part of a PFGE investigation, select yes.
Where was the disease acquired?	Indication of where the disease/condition was likely acquired. Was it imported or not?	Enter if Known
Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	Not required
Detection Method	Code for the method by which the public health department was made aware of the case.	Not required

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Brief Description or Field Name	Description	RI Rules for Data Entry
Confirmation Method	Code for the mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived. Example: Clinical diagnosis (non-laboratory confirmed), Epidemiologically linked, Laboratory confirmed, Unknown	Required This is where we would select case definition attributes , including "Clinically compatible" and "Epidemiologically linked to a confirmed case" to classify the case as probable (see case status field).
Confirmation Date	The date the case was confirmed.	Required
Case Status	Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case.	Required Unknown
MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Pre-entered field. Onsets in 2006 vs. 2007
MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Required
Administrative		
General Comments	Field which contains general comments for the investigation.	Enter if needed.

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Brief Description or Field Name	Description	RI Rules for Data Entry
Condition Specific Custom fields		
		ALL Fields Required
Day Care		
		Required
Food Handler		
		Required
Travel History		
		Required
Drinking Water Exposure		
		Required
Recreational Water Exposure		
		Required
Animal Contact		
		Required
Underlying Conditions		
		Not Required
Related Cases		
		Required
Other Clinical Data		
		Not Required

Notes:

A food history is not in NEDSS. We request the investigator still administer the paper Case report from to inquire about high risk foods (ground beef , sprouts, lettuce, spinach, salami, unpasteurized milk and juice).